

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/624096

FILING DATE

APPLICANT(S)

10/03/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	cancel						51						
2							52						
3							53						
4	cancel						54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15	cancel						65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	cancel						73						
24							74						
25							75						
26	cancel						76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34	1						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40	cancel						90						
41	1						91						
42	cancel						92						
43							93						
44	cancel						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS